

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	6-18-01
<b>FORMALITY REVIEW</b>	Z	JC 873	08-01-01
<b>RESPONSE FORMALITY REVIEW</b>	CK	1109	10-23-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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7	
8	✓✓
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10	✓✓✓
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12	✓✓✓
13	✓✓✓
14	
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16	N
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21	
22	
23	N
24	✓✓✓
25	✓✓✓
26	✓✓✓
27	✓✓✓
28	✓✓✓
29	
30	✓✓✓
31	
32	✓✓✓
33	✓✓✓
34	✓✓✓
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36	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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